

# REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR 3 MONTHS ENDING DEC. 31, 1905.

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TO THE

**Chairman & Members of Spennymoor Urban District Council**

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Gentlemen,

I beg to submit to you my report for the three months from September 30th to December 31st.

*The District.*—The area comprises 3388 acres and is partly urban and partly rural in character. It is bounded on the North by the river Wear, on the South by the railway from Merrington Lane to Binchester Colliery, on the East by the Darlington Road, on the West by the Whitworth Highway from the river Wear to Binchester Railway.

*Industries.*—The chief is coal mining. The Tudhoe Ironworks have at present only one blast-furnace in operation, another is I believe shortly to be lighted. There are foundries at Merrington Lane and Tudhoe Grange, brick-works and a saw mill at Tudhoe Colliery.

*Population.*—According to the Census of 1901 the population was 16,661, the number of inhabited houses 3204, the average number of inmates 5. The number of dwelling houses erected since then is 23, and the population to the middle of 1905 is estimated at 16,786.

## BIRTHS.

There were 136 births registered during the three months being 20 less than in the corresponding months of 1904. This gives a birth rate of 32.4 per 1000. For the whole of the country it is 27.2.

## DEATHS.

There were 66 deaths registered in the district during the three months. This gives a death rate for the district of 15.7. This curiously is exactly the same number of deaths registered during the corresponding months of last year. The largest number of deaths occurred from bronchitis and pneumonia 17, of which 6 occurred in children under 1 year. When one observes the large number of quite young babies in the streets of Spennymoor on a Saturday night at quite a late hour this is not surprising.

No one is more firmly convinced of the benefit of fresh air for young children than I am, but it is one thing to take them out in the middle of the day and quite another thing to expose them to cold or damp air at 10 or 11 at night.

The death rate in the different Wards is as follows :—Spennymoor 15.7, Ferryhill 18.5, Tudhoe 12; you will thus observe that Spennymoor and Ferryhill as usual, compare unfavourably with Tudhoe in this respect.

The death rate for the whole year was :—

Spennymoor Urban District	...	21	per 1000
Administrative County of Durham	17.4	do	
England and Wales	...	15.2	do

#### INFANTILE MORTALITY.

During the three months October, November and December, there were registered 24 deaths in children under one year. This gives a death rate of 176 per 1000 births.

The Infantile Mortality rate for the whole year is as follows—

Spennymoor Urban District	223	per 1000 births.
Durham Administrative County	159	do
England and Wales	128	do

The General Death Rate and Infantile Mortality you will observe compares very unfavourably with that of the Administrative County and that of the Country generally. This is a very serious blot on the district and one which we must earnestly strive to remove. Examination of the Infant Mortality table will show the high rate was due to the following diseases. For the three months October, November and December :—

- (1) Bronchitis and Pneumonia 6.
- (2) Premature Birth ... 6.
- (3) Atrophy Debility Marasmus 5.

If we take the whole year we find same causes plus (4) Diarrhoea.

- (1) Bronchitis and Pneumonia.—I have referred to above.
- (2) Premature Births.—This depends largely on the health of the mother and is due to causes over which you have little control.
- (3 and 4) Atrophy, Debility, Marasmus and Diarrhoea.—These are almost entirely due to improper feeding and are brought about by ignorance and inexperience on the part of the mothers. It is a cause we should do our best to combat.

In my December report I called attention to the fact that out of 26 deaths occurring in the district, no less than 12 or nearly half were in children under 3 years of age. One member of the Council very pertinently asked what was the use of pointing this

out since there was no remedy. Well gentlemen, I am persuaded in my own mind that unless some means are found of remedying this deplorable loss of life we shall never make any appreciable effect on our present high death rate.

You have been very active the last few years in trying to do away with the very obvious sanitary defects in the district but valuable as this work has been in increasing the health and comfort of the inhabitants and urgently as I would recommend you not to slacken your efforts in this direction it is distinctly disappointing to find their effect on the death rate is very small.

Last years death rate was very high, 21 per 1000. It does not however do to take one year and compare it with another, as the climatic conditions may vary, so we will therefore take the five years 1896 to 1900 and the five years 1901 to 1905, and we find the average for the former was 20.3 and the latter 19.8, only a gain of .5 per 1000. It therefore behoves us to try and find another point of attacking this problem and I feel convinced that that point is the infantile mortality.

Our average for the last 5 years has been 171. My opinion is that in partly urban and partly rural district like this it should not be higher than 120 to 130.

Surely it should be lower than that of London and yet we find in 1905 our Infantile Mortality rate was 223 to London's 144. The Infantile Mortality rate for England and Wales was 132. If you examine our vital statistics you will see that our total death rate is almost directly proportionate to the Infantile Mortality, when the latter is high the former is high and vice-versa. Are we to sit down and say there is no remedy ? I for one do not feel inclined to do so. Dr Hill in a very valuable paper on this subject divides the causes of high infantile death rate as follows :—

1. Heredity, Illegitimacy, Insurance, Poverty.
2. Overcrowding and insanitary conditions (you are already trying to remedy.)
3. Improper feeding, neglect and inexperience of mothers.

It seems to me that the last set of conditions is the one that may be most hopefully attacked.

In many large towns Female Sanitary Inspectors have been appointed to go into the homes of the people and talk to the women on the care and management of children, ventilation, cleanliness, etc., and in many cases the result has been most satisfactory.

I am not prepared to recommend this at present. I doubt if the district is large enough and the present time is not opportune for largely increasing your expenditure. One cannot help being struck by the large measure of success that has attended the

lectures of the St. John's Ambulance Association, and it has occurred to me that something of the same kind might be attempted by holding classes on the care and management of children among the mothers.

Before bringing this scheme before the Council I thought it advisable to see if it was practicable or not, I therefore wrote to Dr Hill asking him if he thought one of the Lady Inspectors would come out and address a series of Mothers Meetings. I received the following reply :—

*Health Department, Durham,*

*11th January, 1906.*

Dear Dr. Mussellwhite,

Your letter of the 9th instant on the subject of health addresses to mothers' meetings came to me opportunely, as I was able to lay it before the quarterly meeting of my Committee which was held yesterday.

I was authorised to agree to your suggestion that Dr Dobson, the Lady Inspector for your district should address some such meetings on domestic health matters provided she had any available time for the purpose.

Perhaps you will kindly let me know at your convenience exactly what you purpose should be done, where such addresses could be conveniently given, and at what time of the day.

If you wish it I dare say I could arrange for Dr Dobson to call on you and discuss the matter.

I have not heard Dr Dobson lecture but she is an M.D. of London and I have no doubt as to her ability to give the addresses you require.

I quite agree with you as to the value of such addresses, if you can insure the attendance of the mothers of the district.

Believe me,

Yours very truly,

T. EUSTACE HILL.

I next tried to ascertain if the meetings could be arranged and with this end in view I had an interview with the Rev W. M. Wykes, of St. Andrew's (one of the poorest parts of the district,) asking him if he could arrange for Dr Dobson to address his Mothers Meeting. He was most kind and sympathetic and seemed fully to realise the necessity for something of the sort. He thought it adviseable however to throw the meetings open and invite the mothers to come by handbills and I think that this would be the better plan. He very generously offered the use of his Mission Room, lighting, etc., free of cost for a series of three or four meetings. I should strongly advise the Council to take advantage of his very generous offer and to try and arrange for a series of 3 or 4 addresses as an experiment. If they were successful it would not be difficult afterwards to arrange other series in other parts of the district. If the Council approve of the suggestion they might deem it advisable to appoint a small sub-committee to carry it out. The cost would be very small. One must not expect any very great results from the movement, but it cannot fail to do some

good, and it is better than sitting down and saying nothing can be done.

#### ZYMOTIC DEATH RATE.

During the three months there were two deaths registered from Zymotic diseases, Enteric Fever 1, Whooping Cough 1. This gives a Zymotic death rate of 1.3.

#### INQUESTS.

There were five Coroner's inquests during the three months. In three a verdict of "accidental death", one "natural causes" and one of "suicide" were returned.

#### UNCERTIFIED DEATHS.

Excluding the five cases on which an inquest was held there were eight cases of death uncertified during the three months. This is 12 per cent. of the total deaths.

#### INFECTIOUS DISEASES (Notification) ACT.

During the three months there were ten cases of Infectious diseases notified:—Diphtheria 1, Erysipelas 3, Scarlet Fever 1, Enteric Fever 4, Puerperal Fever 1, distributed as follows:—

	Diphtheria	Erysipelas	Scarlet	Enteric	Puerperal
Spennymoor	1	1	1	3	1
Ferryhill				1	
Tudhoe		2			
Urban District	1	3	1	4	1

The origin of the one case of Scarlet Fever and one case of Diphtheria I have been unable to trace.

With regard to the cases of Enteric Fever we have had our usual small autumnal outbreak of this disease. Careful investigation has failed to trace it to the ordinary sources of water supply, milk supply, fish.

1. *Water Supply.*—The outbreak has none of the characters of a water borne one which usually attacks a great number about the same time when there is one common water supply.

2. *Milk.*—As far as I could ascertain two of the cases had the same milk supply.

3. None of the patients acknowledged eating shell fish within a few weeks of their illness. I am therefore inclined to think that the infection is very likely to be carried by flies. It was not until the Boer War that the importance of this mode of infection was fully recognised. My reasons for thinking this the most probable cause of infection are:—

1. In the last few years most of the cases have occurred when flies are abundant.

2. Your system of dry earth closets though excellent in many

ways offer great facilities for flies to infect food directly from them.

3. The cases occur mostly in the older and most crowded parts of the district where the closet is in close proximity to the pantry window. This was notably so in a case which occurred in Catherine Street in which the pantry window was only about three feet from the closet.

I would therefore urge on all the heads of households the importance of protecting their food from flies. One has only to see twenty or thirty flies drowning themselves in milk and reflect where their last resting place may have been to realise the importance of this, especially when one remembers at a suitable temperature disease germs multiply at an enormous rate in milk.

### ISOLATION HOSPITAL.

The Hospital was occupied from October 1st to December 31st excepting for a short period at the end of November. Five cases of Enteric fever were treated with one death from haemorrhage. Two cases of Scarlet fever and one case of diphtheria were also treated in the hospital. On December 31st there was one case of Enteric fever and one of Scarlet fever in the hospital both convalescent.

Your hospital is in my opinion doing excellent service in preventing the spread of Infectious diseases. Whooping Cough was somewhat prevalent in the last two months of the year.

### PRECAUTIONARY MEASURES

To prevent the spread of Infectious disease

1. The adoption of the Infectious Disease (Notification) Act, and the Infectious Disease (Prevention) Act.

2. An Isolation Hospital equipped with disinfecting apparatus and ambulance, also with a staff of resident nurses.

### GENERAL SANITATION.

*Sewage Disposal:*—The Council have instructed Mr Murphy, engineer, of Morpeth to prepare a scheme to complete the system of Spennymoor Ward and take in that of Ferryhill Ward and Tudhoe Ward.

Burial accommodation is provided by the Cemeteries at Four Lane Ends, Spennymoor and Five Lane Ends, Tudhoe and the R. C. Burying ground at Tudhoe.

*Elementary Schools* at Tudhoe Home, National Schools, Tudhoe, and the Council School at Mount Pleasant, automatic flushing closets have been fixed. Plans have been passed for the same for the Council School in Rosa Street. At all the other schools either ash closets or privy ash pits are in use. These are very objectionable, the quantity of ashes is not sufficient to soak

up the liquid, the closets are therefore often wet and foul. I would urge on the County Council the importance of having flushing Closets fixed wherever practicable.

### COW SHEDS AND DAIRIES.

I have inspected all the cow sheds and dairies in the district. The cow sheds are on the whole satisfactory. Some few in the Tudhoe district have still cobble floors. It is almost impossible to keep these clean. I had an interview with the Agent and he promised to give the matter his attention. Cement floors are undoubtedly much easier to keep clean and I think the objection that the cows slip on them may be overcome by grooving the cement.

The milk stores are in many cases non-existent the vendors stating that they never store any milk but sell it direct from the cow. With so many small milk vendors in the district it is almost impossible for the Inspector to give this matter the amount of supervision that its importance deserves. I cannot help thinking that if an up to date dairy could be established by private enterprise where the milk from the farms could be sold and stored under sanitary conditions it would prove a boom to the town, help to lesson the rate of Infantile mortality, and probably prove a good investment.

### TUDHOE HOME.

To complete Dr. Anderson's report on the outbreak of this epidemic I would add:—The swabs from the childrens throats all yielded a nearly pure growth of the same organism viz:—Staphylococcus Pyogenes Aureus. A sample of the milk as taken from the can as first delivered to the Home yielded the same organism. Samples milked directly (from two cows which had belonged to the former tenant) into sterilized bottles yielded the same organism in almost pure culture. A veterinary surgeon examined the cows two or three months after and pronounced them free from any disease. He was of the same opinion as Dr. Anderson that the milk was probably contaminated by the insanitary condition of the fold yard.

I cannot agree with this opinion for the following reasons:—

1. That the milk which was milked directly into sterilized bottles could not be contaminated in this way.
2. The organism found was not of the common putrifactive organisms and even if it were it would probably have been mixed with other organisms if the milk were contaminated in the way suggested.

The milk is now boiled directly it is received at the Home and there has been no recurrence of the epidemic.

The fold yard has now been put into a more sanitary condition.

## WATER SUPPLY.

The water supply is from the Weardale and Consett Companys Reservoirs and is of pure quality, soft and excellent for domestic purposes.

*Spennymoor Reservoir* :—This Reservoir is uncovered and in close proximity to a house. A correspondence has been going on between the Council and the Water Company with regard to this for more than twelve months. The Company are debating whether they should cover in the reservoir or do away with it. I think it is high time that the Company should move in the matter.

*Outlying Districts* :—As the water supply to several farms and cottages in outlying parts of the district is very unsatisfactory and the expense of a new supply is greater than that authorised by the Public Health Act the Council are seeking an order from the Local Goverment Board to invest them with powers given to a Rural Sanitary Authority under the Public Health (Water) Act. I have furnished the Local Goverment Board with a report on this subject and the Surveyor is also forwarding a report.

Ox-Close Farm is one for which such powers are sought. The importance in this case is that the water is used for cleansing the vessels of a large Dairy. A sample has been forwarded for analysis with the following result :—

Darlington,

December 18th, 1905.

I hereby certify that I have analysed a sample of water marked "Sample water taken at Runner, Wood Vue, which I received from you on December 11th, 1905, and that I find as follows:—

Colour and appearance in 2 foot tube	...	Greenish Turbid.
Odour when heated to 100° Fahr.	...	Weedy.
		Grains per gallon.
Chlorine as Chlorides	...	2.9280
Nitrogen as Nitrates	...	.0057
Ammonia	...	Trace.
Albuminoid Ammonia	...	.0018
Oxygen Absorption	...	.0052
Injurious Metals	...	None.
Total solid matter dried at 220° Fahr.	...	71.7500

*Microscopical Examination*.—Noticeable deposit from half gallon consisting of mineral matter, decomposing vegetable matter, fungus growths, moving organisms, various fibres resembling linen and cotton.

*Observations*.—From a chemical point of view this sample is quite satisfactory. It is seriously contaminated with refuse matter from the surface and is not now in a fit condition for drinking. If

the water were rendered perfectly bright and clear there could be no objection to its use for drinking purposes.

(Signed)—W. F. Keating Stock.

I cannot altogether agree with this report. Since the reservoir is obviously exposed to sewage contamination from the gardens no amount of filtration will render it a safe supply for domestic purposes. In this present condition I feel convinced that this water supply constitutes a danger to the public health.

*Slaughter-houses.*—I have inspected all the slaughter-houses in the district. The majority of them are kept in a satisfactory condition. But so many slaughter-houses in crowded parts of the district, often in close proximity to the dwelling house, cannot be regarded as an ideal condition.

*Lodging-houses.*—These have been much improved and being regularly inspected may be regarded as satisfactory.

*Mode of Disposal of Excrement and Household Refuse.*—The prevailing mode is still the privy and ashpit system, many of which are defective. The Council are steadily endeavouring to have ash closets substituted for these. Last year 446 midden privies were converted into ashclosets or water closets.

*Scavenging of the District.*—Is done by several contractors who undertake to do the work between the hours of 10 p.m., and 8 a.m., and to empty ashpits once a month and ashclosets twice a week. The work needs constant supervision. Often when a complaint is made that an ashpit has not been emptied the contractor excuses himself by saying he could not get in. It would be an advantage if in all cases where the ashpit is shut in by a door a certain form of lock could be adopted which the contractor would have a key to open.

*Sanitary Requirements.*—Several of the back streets urgently need repairing, especially the back of Bessemer Terrace, over which there is much traffic. Large and defective ashpits should be replaced by well constructed earth-closets.

The following is a summary of the work done during the year 1905:—

Yards laid or repaired	...	...	161
Floors laid in cement or boards	...	...	76
Attics ceiled and ventilated and staircases provided			15
Midden privies converted into E.C.'s and W.C.'s			446

During the three months October, November and December, the following properties have been reported upon:—

44, Jackson street :—Sanitary Defects.

Greenwell's Farm, Tudhoe :—Bedroom over Cowshed.

Johnny's Row :—1, 1 back, 2, 2 back, 3, 4, 5, 6, 7, Sanitary Defects.

Dundas street :—3, 5, 7, 9, Sanitary Defects.

Thomas street :—10, 12, 14, 16, 18, 20, Sanitary Defects.

Holborn :—8, 10.

With the exception of the houses in Johnny's row, all the work has been put in hand or a promise given to do so.

*Recommendation* :— Since this report does not usually come into the hands of the general public, I would ask the local press to assist us by emphasizing the following points.

1. The importance of boiling all milk for domestic consumption especially that used for children. If this recommendation is carried out I am convinced that it will result in a great improvement in the health of the district.

2. The danger of exposing young children to the night air.

3. The desirability of preventing food and drink from becoming contaminated by flies.

I am, Gentlemen,

Your obedient Servant,

W. MUSSELLWHITE.

## (I)

## Vital Statistics of Whole District during 1905 and Previous Years.

## Name of District—Spennymoor Urban.

YEAR.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.				Deaths in Public Institutions in the District		Deaths of Non-residents Registered in Public Institutions in the District		Deaths of Non-residents Registered in Public Institutions beyond the District		Nett Deaths at all Ages belonging to the District.	
	Population estimated to Middle of each Year.		Under 1 Year of Age.		At all Ages		Rate per 1,000 Births registered		Rate*		Rate*			
	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*	Number	Rate*		
1896	16665	620	37·2	118	190	33·4	20		3	337	20·2			
1897	16665	632	37·9	104	164	282	16·9		6	288	17·2			
1898	16665	652	39	141	216	341	20·4		4	345	20·7			
1899	16665	667	40	149	223	385	23·1		10	395	23·7			
1900	16665	664	39·8	110	165	323	19·6		4	332	19·9			
1901	16672	654	39·2	153	233	403	24·1		10	415	24·8			
1902	16701	656	39·2	106	161	286	17·1		6	292	17·4			
1903	16729	609	36·4	80	131	249	14·8		18	267	15·9			
1904	16758	653	38·9	111	169	321	19·1		14	335	19·9			
Averages for years 1896-1904	16687	645	38·4	119	183	325	19·5		83	334	19·7			
1905	16786	621	37	140	223	339	20		16	355	21			

\* Rates calculated per 1,000 of estimated population

Area of District in acres (exclusive of area covered by water) 3,388.

Total population at all ages 16,661; Number of inhabited houses 3204; Average number of persons per house 5; at Census of 1901.

Institutions outside the District receiving sick and infirm persons from the District—County Lunatic Asylum, Sedgefield; Union Workhouses, Bishop Auckland and Durham; County Hospital, Durham. Other Institutions, the deaths in which have been distributed among the several localities in the District—Infectious Diseases Hospital, Spennymoor.

(II) *Vital Statistics of separate Localities in 1905 and previous years.*  
*Spennymoor Urban District.*

**(III) Cases of Infectious Disease notified during last 3 Months of 1905.**

**Spennymoor Urban District.**

Notifiable Disease	Cases Notified in Whole District.						Total Cases notified in each Locality.			
	At all Ages	At Ages †—Years.						Spennymoor Ward.	Ferryhill Ward.	Tadhoe Ward.
		Under 1	1 to 5.	5 to 15	15 to 25	25 to 65	65 and upw'ds			
Small-pox ..										
Cholera .....										
Diphtheria .....	1		1					1		
M'branous Croup .....										
Erysipelas .....	3					3		1		2
Scarlet Fever .....	1		1					1		
Typhus fever .....										
Enteric fever .....	4					4		3	1	
Relapsing fever .....										
Continued fever .....										
Puerperal fever .....	1			1				1		
Plague .....										
 Totals ...	10		2		1	7		7	1	2

No. of Cases removed to Hospital from each Locality:—

Spennymoor Ward—Diphtheria 1; Scarlet fever 1; Enteric fever 2; Total—4.

Ferryhill Ward—Enteric fever 1; Total 1.

Isolation Hospital—Spennymoor Urban District Council's Hospital, Ferryhill Ward.

**(IV) Causes of, and Ages at, Death during  
last 3 Months of 1905.**

**Spennymoor Urban District.**

Causes of Death.	Deaths at the subjoined ages of Residents whether occurring in or beyond the district.								Deaths at all ages of residents belonging to Localities whether occurring in or beyond the district.			Deaths in Public Institutions.
	All ages	Und	1 & und.	5 & und.	15 & und.	25 & und.	65 & up- wds	Sp'm'r Ward.	F hill Ward.	T'hoe Ward.		
Small-pox	..											
Measles	..											
Scarlet fever	..											
Whooping-cough	..	1			1							1
Diphtheria and membranous croup												
Croup	..											
Fever	{ Typhus Enteric other continued	1						1		1		1
Epidemic influenza												
Cholera	..											
Plague	..											
Diarrhoea	..											
Enteritis	..	3	1					1	1	1		2
Puerperal fever	..											
Erysipelas	..											
Other septic diseases	..											
Phthisis	..	1						1				1
Other tubercular diseases	..	1			1					1		
Cancer, malignant disease	..	2						1	1	1		1
Bronchitis	..	5	2	1				2	4			1
Pneumonia	..	12	4	6				2	7	1		4
Pleurisy	..											
Other diseases of Respiratory organs	..	1							1			1
Alcoholism	{ Cirrhosis of liver	1						1		1		
Venereal diseases												
Premature birth	..	6	6						2	2		2
Diseases and accidents of parturition	..				1					1		
Heart diseases	..	4						1	2	1		1
Accidents	..	3						1	1	1		1
Suicides	..	1							1			
All other causes	..	26	11	3	1	1	2	8	9	6	11	2
All causes		69	24	12	2	3	11	17	31	12	26	4

(V) **Infantile Mortality during last 3 Months of 1905.**  
**Spennymoor Urban District.**

Deaths from stated Causes in Weeks and Months under One Year of Age.

CAUSE OF DEATH.	Under 1 Week.	1-2 Weeks.	2-3 Weeks.	3-4 Weeks.	Total under 1 Month.	1-2 Months.	2-3 Months.	3-4 Months.	4-5 Months.	5-6 Months.	6-7 Months.	7-8 Months.	8-9 Months.	9-10 Months.	10-11 Months.	11-12 Months.	Total Deaths under 1 Year.
All Causes	6					2		1	2	6	2	2	1				21
Certified Causes	1					1											3
Small-pox																	
Chicken-pox																	
Measles																	
Scarlet Fever																	
Diphtheria : Croup																	
Whooping Cough																	
Diarrhoea, all forms																	
Enteritis (not Tuberculous)																	1
Gastritis, Gastro- intestinal Catarrh																	
Premature Birth	4																6
Congenital Defects	2																2
Injury at Birth																	
Want of Breast-milk																	
Atrophy, Debility, Marasmus																	5
Tuberculous Meningitis																	
Tuberculous Peritonitis, Tabes Mesenterica																	
Other Tuberculous Diseases																	
Erysipelas																	
Syphilis																	
Rickets																	
Meningitis (not Tuberculous)																	
Convulsions	1								1	1							4
Bronchitis																	2
Laryngitis																	
Pneumonia																	4
Suffocation, overlaying																	
Other Causes																	
	7					3		1	2	6	2	3					24

Births in the year :—Legitimate 136.

Population estimated to middle of 1905—16786.

# FACTORIES, WORKSHOPS, LAUNDRIES, WORKPLACES AND HOMEWORK

## 1.—INSPECTION

Including Inspections made by Sanitary Inspectors or Inspectors of Nuisances.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
<b>Factories</b> ... ... ...	17	1	
(Including Factory Laundries)			
<b>Workshops</b> ... ... ...	123	2	
(Including Workshop Laundries)			
<b>Workplaces</b> ... ... ...			
<b>Homeworkers Premises</b> ...			
<b>Total</b> ...	140	3	

## 2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Referred to H. M. Inspector
	Found.	Remed'd		
<i>Nuisances under the Public Health Acts:</i>				
Want of cleanliness ... ... ...				
Want of ventilation .. ... ..				
Overcrowding ... ... ..	1	1		
Want of drainage of floors .. ... ..				
Other nuisances ... ... ..				
Sanitary accommodation { insufficient ...				
{ unsuitable or defective ...	1	1		
{ not separate for sexes ...	2	2		
<i>Offences under the Factory and Workshop Act:</i>				
Illegal occupation of underground bakehouse (S. 101) ... ... ..				
Breach of special sanitary requirements for bakehouses (Ss. 97 to 100) ... ..				
Failure as regard lists of outworkers (S. 107) ...				
Giving out work to be done { unwholesome (S. 108)				
{ infected (S. 110)				
Allowing wearing apparel to be made in premises infected by scarlet fever or smallpox (S. 109)				
Other offences ... ... ..				
<b>Total</b> ... ... ..	4	4		

### 3.—OTHER MATTERS.

Class.				Number.
Matters notified to H.M. Inspectors of Factories :—				
Failure to affix Abstract of the Factory and Workshops Act (S. 133) ...	...	...	...	5
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory Act (S. 5)	Notified by H.M. Inspector	Reports (of action taken) sent to H.M. Inspectors	...	
Other	...	...	...	..
Underground Bakehouses (S. 101):—				
In use during	...	...	...	..
Certificates in granted } in	...	...	...	..
In use at the end of	..	...	...	..
Homework :—				
<i>List of Outworkers</i> (S. 107) :—				
Lists received ..	...	...	...	...
Address of outworkers { forwarded to other Authorities	...	...	...	
received from other Authorities	...	...	...	
<i>Homework in unwholesome or infected premises</i> :—				
Notices prohibiting homework in unwholesome premises (S. 108)				
Cases of infectious disease notified in homeworkers premises				
Orders prohibiting homework in infected premises (S. 110)				
Workshops on the Register (S. 131) at the end of 1905.				81
Important classes of workshops, such as workshop bakehouses, may be enumerated here. {	Factories	...	...	17
	Total Number of workshops on Register	..	..	93

Summary of Work done in the Inspector of Nuisances' Department during  
the year 1905, in the Urban District of Spennymoor.

		Number of Informal written Notices by Inspector.	Number of Formal Notices by order of Authority.	Number of Nuisances abated after Notice.
<i>I. PUBLIC HEALTH ACTS.</i>				
Dwelling houses and Schools.	Foul Conditions Structural Defects Overcrowding	64 1 1	47 1 1	104 1 2
Lodging-houses	...	...	88	88
†Dairies and Milkshops	...	...		
Cowsheds	...	3	12	10
Bakehouse	...	...		
†Slaughter-house	...	3	113	113
*Ashpits and Privies	...	241	97	446
Deposits of Refuse and Manure	...	4		4
Waterclosets	...	2	1	3
Defective Yard Paving	...	74	38	161
House Drainage	Defective traps [Sewers No Disconnections from Other Faults	50	8	42
Water Supply	...		1	1
Pigsties	...			
Animals Improperly Kept	...	2		2
Offensive Trade	...			
Smoke Nuisances	...			
Other Nuisances	...	27	12	31
Totals	...	472	418	1008

† Notices to Linewash.

‡ 113 Notices to Limewash.

\* 446 W.C.'s or E.C.'s substituted for Ashpits and Privies.

		Number	Remarks.
<i>II. Housing of the Working Classes Act, 1890.</i>			
Formal Notices served	...	9	
Dwellings dealt with	...	12	The Council have approved of plans for proposed alteration of these houses; several owners have promised to have them carried out in the Spring.
Dwellings made habitable after formal notice			
Closing Orders applied for	...		
Closing Orders granted by Magistrates	...		
Dwellings permanently closed	...	1	
<i>III. Factory and Workshop Act, 1901.</i>			
Action taken, Notices served, &c.	...	3	These have all been inspected and 3 Notices served. Insufficient privy accommodation.
<i>IV. Water, Food and Drugs.</i>			
Samples of Water taken for Analysis	...	1	Unsatisfactory.
” ” condemned as unfit for use.			
Seizures of Unwholesome Food	...		
Convictions for exposing or selling Unwholesome Food	...		
Samples of Food and Drugs taken for Analysis			
” ” found Adulterated	...		
<i>V. Precautions against Infectious Disease.</i>			
Lots of Infectious Bedding stoved or destroyed		14	
Houses disinfected after Infectious Disease	...	16	
Schools do do do do	...		
Prosecutions for exposure of infected persons or things	...		
Convictions for do do do	...		

4th January, 1906.

ARTHUR DOWDELL, Inspector of Nuisances.

To Dr. HILL, The County Medical Officer of Health, Durham.